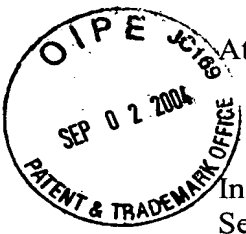


09-3-24

IRW AF/ 1623
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Attorney Docket No. 9052-67

Patents

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Colin Brown
Serial No.: 09/700,057
Filed: February 5, 2001
For: *SURGICAL COMPOSITIONS AND METHODS FOR USING
THE SAME*

Confirmation No. 1282
Examiner: E. White
Art Unit: 1623

September 2, 2004

Mail Stop AF
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL

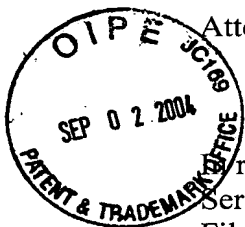
Sir:

This Amendment After Final is responsive to the Office Action dated June 2, 2004. Applicant respectfully requests entry of this Amendment After Final and allowance of the present application. Alternatively, Applicants respectfully request entry of this Amendment as narrowing the issues for further consideration.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this document.

Remarks/Arguments begin on page 7 of this document.

09/07/2004 WABDELRI 00000014 500220 09700057
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Attorney Docket No. 9052-67

PATENT

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☒ Applicant claims small entity status. See 37 CFR §1.27.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

| (COL. 1) | | (COL. 2) | (COL. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|------------------------------------|---------------|----------------|------------|---------------------------|------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid For | Present Extra | RATE | ADDIT. FEE | OR RATE | ADDIT. FEE |
| Total | 32 - | 31 | = | x 09= | \$ 9.00 | x 18= | \$ |
| Indep | 3 - | 3 | = | x 43= | \$ | x 86= | \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +145= | \$ | +290= | \$ |
| | | | | Total Add. Fee | \$ 9.00 | OR Total | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

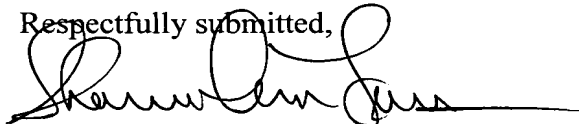
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

In re: Colin Brown
Serial No.: 09/700,057
Filed: February 5, 2001
Page 2

- ☒ Please charge my Deposit Account No. 50-0220 in the amount of \$9.00 for additional claims fees.
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



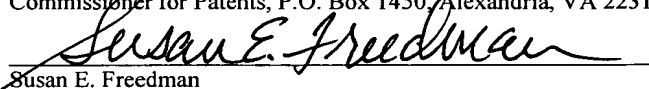
Shawna Cannon Lemon
Registration No. 53,888

Myers Bigel Sibley & Sajovec, P.A.
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Telephone (919) 854-1400
Facsimile (919) 854-1401

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I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Susan E. Freedman

Date of Signature: September 2, 2004